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Medical Home Learning Collaborative

**FY19 Quarter 2 Meeting
January 30, 2018**

Housekeeping



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- All lines are in listen only mode
 - To speak, click the raise hand icon and the organizer will unmute your line
- If your computer does not have a mic, please use the phone for audio (phone is preferred)
 - Dial audio pin to enable audio
- Use the Question box to:
 - Communicate with organizers
 - Ask the speaker a question
 - Get help with technical difficulties
- Today's call will be recorded
- Agenda and PDF of slides are available in the Handouts section

Agenda

1. Welcome & Housekeeping
2. *The Patient-Centered Medical Home and Rural Healthcare* Dr. Nancy Dickey
3. CSHCN Systems Development Group
4. Upcoming Events
5. Other Member Updates and Events
6. Funding Opportunities and Additional Resources
7. Adjourn



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The Patient-Centered Medical Home and Rural Healthcare

Nancy Dickey, MD

President Emeritus, Texas A&M Health Science Center

Director, A&M Rural and Community Health Institute

Professor and Head, Department of Primary Care Medicine



THE PATIENT CENTERED MEDICAL HOME AND RURAL HEALTHCARE

*Nancy W Dickey, MD
Director, A&M Rural and Community
Health Institute*

PCMH – A WAY OF PROVIDING PRIMARY HEALTH CARE

AHRQ says -

- A provider based model for care coordination that can be implemented within a primary care practice
 - Comprehensive
 - Patient centered
 - Coordinated
 - Accessible
 - High quality

AAFP, AAP and ACP say –

- A strong relationship between every patient and a primary care physician
 - Coordination between physician and the practice's team of clinicians
 - Coordination of the patient's care across various healthcare settings
 - Use of health information technology and analytical tools to facilitate care coordination
-

SOME THINGS MAY ACTUALLY BE EASIER IN RURAL AREAS

Content Styling

Medical Home means a patient's main
source of regular medical care
There are fewer alternatives in rural areas
The concept of having “a” doctor is more
likely to still be present in the community

BUT MANY THINGS MAY BE MORE DIFFICULT:

Closures may mean access requires travel to another locale

Staffing today often means “prn” workers – people who work a shift or three but who are not the “owners” of the practice or the people who use the practice

Shortages of virtually every type of health provider means that access may be limited or tied to long waits

LET'S TALK ABOUT RURAL CHALLENGES

Already very busy providers means it is difficult to ask the practice to slow down and look at new ways to deliver care

The margin for rural practices and rural facilities is often very slim making available funding for “change” difficult to come by

Paucity of “other” members of the team

Implementation of electronic medical records (and maximizing the tool if they have one)

LET'S TALK ABOUT RURAL POSSIBILITIES

With changes in Texas law, the possibility is emerging of using technology to make access to care better

Telemedicine – taking care to the patient instead of the patient to care
Through a variety of system changes, use of new kinds of team members is gaining acceptance

Here in Texas, the 1115 Waiver has introduced new ways of doing things – CHW, EMT

There is opportunity to develop and teach local people the skills of some of the needed team members i.e. you don't necessarily have to recruit them from the city

The ongoing need to address costs of the healthcare delivery system are creating impetus to consider doing things “differently”

The Texas A&M/BCBS Rural Moonshot has challenged us to “think outside the box”

Addressing groups of particular interest – CHILDREN AND YOUTH WITH SPECIAL NEEDS

- This has been an issue for Texas since the Frew lawsuit
- Families with special needs children encounter unimaginable barriers to accessing care
 - Distance to access needed specialty care
 - Lack of local providers who feel confident in coordinating the complex needs of this population

OUTSIDE THE BOX:

- **ECHO** to enhance the expertise and comfort level of local providers for an expanded level of local care
 - Create a telemedicine “virtual” group to provide appropriate specialty and follow up care to the special needs family
-

Addressing groups of particular interest - PREGNANT MOTHERS AND THEIR INFANTS

Hospital closures have a nearly immediate impact upon this population as they physicians who provide maternity care are closely tied with the facility – when it goes, they go

Over 50% of Texas births are Medicaid supported – evidence that this is a significantly economically challenged population

IF a community loses its delivery capacity they almost always lose the capacity to do prenatal and postpartum care

OUTSIDE THE BOX: Telemedicine prenatal and postpartum care for the low risk and scheduled deliveries at an agreed upon facility

Addressing groups of particular interest - THE AGING INDIVIDUAL WITH ONE OR MORE CHRONIC DISEASE

Rural has the same chronic diseases – but a heavier burden and poorer outcomes

The tenets of PCMH appear to be a large part of the answer to improving those outcomes

Increasing the acceptance of and use of teams of professionals may reduce some of the burn-out and enhance the capacity of small towns to address the breadth of needs

OUTSIDE THE BOX:



SO, LET'S
TALK...QUESTIONS,
DISCUSSION



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CSHCN Systems Development Group Updates

Upcoming Events

- [Destination...LIFE! Regional Transition Fair](#)
 - Feb. 9 in Round Rock
- [2019 Inclusion Works Conference](#)
 - Feb. 10-12 in Denton
- [2019 Texas Transition Conference](#)
 - Feb. 20-22 in San Antonio
- [DFW Autism Conference](#)
 - Feb. 25-26 in Hurst
- [Central Texas African American Family Support Conference](#)
 - Feb. 26-27 in Austin
- [2019 AMCHP Annual Conference](#)
 - March 9-12 in San Antonio



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Other Member Updates and Upcoming Events

Funding Opportunities & Requests for Proposals

- [Leadership in Family and Professional Partnerships](#)
 - Due 2/12/19; funded by HRSA Maternal & Child Health Bureau
- [Rural Health Innovation and Transformation Technical Assistance](#)
 - Due 2/22/19; funded by HRSA Federal Office of Rural Health Policy
- [Innovations in Care Coordination for Children and Youth with ASD and Other Developmental Disabilities Program](#)
 - Due 3/8/19; funded by HRSA Maternal & Child Health Bureau
- [Texas Primary Care Consortium: Call for proposals](#)
 - Due 2/26/19; seeking workshop proposals



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Additional Resources

- Fight against human trafficking – [Be the One video](#)
- Texans Care for Children and Episcopal Health Foundation are conducting a survey to learn more about early childhood development and brain building in [Foundation's 57-county service area](#)
 - [Survey link](#), deadline is 2/4/19
- OptumHealth Education: Live webcast on adverse childhood experiences (ACEs)
 - [Part 1](#): 2/5/19 at 12 pm CT; [Part 2](#): 3/6/19 at 12 pm CT
 - Other [on-demand activities](#)
- [Telehealth webinar: A New Telehealth Reimbursement Paradigm in 2019](#)
 - 2/7/19 at 1 pm CT



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Additional Resources

- [The Conversation Project](#) – dedicated to helping people talk about their wishes for end-of-life care
 - [Conversation starter kits](#) to help start the conversation about end-of-life care with family members, providers, and seriously ill children
 - Blog entry by Cara Coleman – [“Talking Matters: A Loving Mother’s Commitment to Honor Her Daughter’s End-of-Life Wishes”](#)



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Blog

Talking Matters: A Loving Mother’s Commitment to Honor Her Daughter’s End-of-Life Wishes

Posted on 12/11/2018



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I have struggled with how to begin to write about our experiences with trying to have the conversation about end-of-life wishes with our providers in the last year of our

New Community Inclusion Brochure!



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What Does Community Inclusion Look Like?

Inclusive communities can meet the needs of all people. They accept and welcome people with physical, intellectual, and developmental disabilities. Examples of community inclusion:

- Accessible playgrounds with playscapes and swings for wheelchairs.
- Children with and without special health care needs learning together in the same class.
- Unified sports where children with and without special health care needs play together.

About Us

The CSHCN Systems Development Group works to improve care for children and youth with special health care needs. We partner with community-based organizations across Texas to provide support for families of CSHCN.



Maternal and Child Health

Texas Department of State Health Services
MC-1922

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dshs.texas.gov/mch/CSHCN.aspx

11/2018

Children with Special Health Care Needs

A GUIDE TO COMMUNITY INCLUSION



Community inclusion is the ongoing support of children and youth with special health care needs (CYSHCN) and their families to be accepted in all aspects of a community of their choosing without exclusion or judgement.

Inclusive communities are important because they give people with disabilities equal access to opportunities for healthy living.¹

¹Definition of Inclusion: NCHPAD - Building Inclusive Communities.¹ National Center on Health, Physical Activity and Disability (NCHPAD)

Resources for Providers

- **National Center on Health, Physical Activity, and Disability (NCHPAD)** provides inclusion resources for community organizations, health care providers, and more. Learn more at nchpad.org.
- **Institute on Community Integration** provides resources and tools to increase community inclusion of people with disabilities. Learn more at icimn.edu.
- **National Inclusion Project** provides trainings, tools, and inclusion support for community organizations. Learn more at inclusionproject.org.

Benefits of Community Inclusion

Inclusion helps children with special health care needs and their families:²

- Build friendships with children without special health care needs and their families.
- Realize that children with special health care needs can succeed in regular classrooms and still get support services.
- Improve health and well-being.³
- Develop a sense of belonging.³

Inclusion helps the community:⁴

- Create more diverse relationships.
- Teach individuals to value differences.
- Provide opportunities for people with disabilities to share their gifts with the community.

Promote Inclusion in Your Community

Make sure your community provides:

- A welcoming and supportive environment.
- Equal opportunity to use all services.
- Accessible and reasonable accommodations.
- Dignity, respect, and privacy.
- People-first language in all settings.
- Ongoing support for inclusion within the community.

People-First Language

People-first language is a respectful way to speak about people with disabilities. It emphasizes the person first, rather than the disability.

Focus on the person when speaking about people with disabilities. Avoid terms that label, generalize, stereotype, devalue, or discriminate.

Resources for Parents and Families

Visit these sites to find inclusive programs, events, and sports near you:

- Children with Special Health Care Needs (CSHCN) Systems Development Group (Includes adaptive and inclusive recreation program directory): dshs.texas.gov/mch/CSHCN/CommunityInclusion.aspx
- Texas Parent to Parent: tpp2p.org/resources/resources
- Navigate Life Texas: navigatelifetexas.org/en/services-groups-events
- Special Olympics Texas: sotx.org



- Available in English and Spanish
- Order brochures [here](#)

² Arkansas Healthy Children Handbook: Arkansas Dept. of Human Services, Division of Child Care and Early Childhood Education, Health and Nutrition Unit, 2012.
³ Wilson, Kathleen J., et al. "From Social Exclusion to Supported Inclusion: Adults with Intellectual Disability Discuss Their Lived Experiences of a Structural Social Group." *Journal of Applied Behavior Analysis* 45(1): 122-135.
⁴ "Masques—Community Inclusion." Illinois Department of Human Services, 2011.

Upcoming Meetings

- Transition to Adulthood Learning Collaborative
 - February 27, 2019
 - 12-1:30 via teleconference
- Medical Home Learning Collaborative
 - April 17, 2019
 - 10 – 11:30 via teleconference



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Thank you!

Please take the post-call survey. We value your feedback!

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